Best Available Copy

Effective December 29, 1999													
CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE		OR	OTHER THAN OR SMALL ENTITY		
			NUMBE	R FILED NUMBER EXTRA				RATE	FEE		RATE	FEE	
BASIC FEE				or one distance	· · · · · · · · · · · · · · · · · · ·		or francis	345.00	OR	-	690.00		
TOTAL CLAIMS			minus 20= *						X\$ 9=		OR	X\$18=	~ 41
NDEPENDENT CLAIMS				5 minus 3 = *				X39=		OR	X78=	ale of	
MULTIPLE DEPENDENT CLAIM PRESENT							+130=		OR	+260=			
If the difference in column 1 is less than zero, enter "0" in column 2							TOTAL		OR	TOTAL	2/8		
•	CLAIMS AS AMENDED - PART II							SMALL	NTITY	OR	OTHER SMALL		
NT A	·	REN	lumn 1) LAIMS MAINING AFTER NDMENT		I PF	olumn 2) HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total -	7.11.0	2 4 /	Minus	**	23	= /	-,	X\$ 9=		OR	X\$18=	-18
ME	independent	•	4	Minus	***	5	=	-	X39=		OR	X78=	
Q	FIRST PRESE	NTAT	ON OF MU	JLTIPLE DEF	PENC	DENT CLAIM	٠)	+130=		OR	+260=	
							·	•	TOTAL		OR	TOTAL ADDIT. FEE	18
		(Co	olumn 1) _		(0	Column 2)	(Column 3)		ADDIT. FEE			ADDIT. I C.C.	
AENDMENT B		RE	CLAIMS MAINING AFTER ENDMENT		PI	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	•	•	Minus ·	••	• • •	=		X\$ 9=		OR	X\$18=	
AME	Independent	•		Minus	•••		=		X39=		OR	:X78=	<i>(-</i>
_	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							j	+130=		OR	+260=	
			•						TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Co	olumn 1)		(0	Column 2)	(Column 3)	<u> </u>	ADDII. 1 EE				
AMENDMENT C		RE	CLAIMS MAINING AFTER ENDMENT			HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total		-	Minus	••		=		X\$ 9=		OR	X\$18=	
	Independent	ŀ		Minus	••		= -		X39=		OR	X78=	
1	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=	<u> </u>	1	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										OR OR	TOTAL		
""If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."										L			
The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

Application or Docket Number

This Form is for INTERNAL PTO USE ONLY To 30cs NOT get mailed to the applicant.

NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION NUMBER:	408000
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Total Fee Calculation

		TOCAL FEE	Calculation	a		
	Fee Cade	Total # Clares	Number Ettra X	Fee	Fac	- Total
Facility Fee Total Claims >20 Independent Claims >3 Multi Dep Claim Present Surcharge	201/101	23:0.	<u>O</u> x	Sin. Entity	Lg Entiry 18 28	
English Translation TOTAL FEE CALCULA Fees due upon filing th						
Total Filing Fees Due =		030.0	<u>\(\)</u>			-
BALANCE DUE STILL Office of Initial Patent E	= S <u>/</u>	80.00				

Ligure 7

FORM OIPE-RAM-01 (Rev. 12/97)